

## LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1561

Lobbyist's Registration Number

### FOR OFFICE USE ONLY

Postmark Date: 5-16-08

May 16  
2008  
12030842096  
#1042

ACK

1072321

1. NAME Capere Matthew F. MI

2. BUSINESS PHONE 203-627-8250  
Area Code and Phone Number

3. BUSINESS ADDRESS 101 Constitution Ave NW Washington DC 20001  
Street and No. City State Zip

MAILING ADDRESS 8 Mountain St. Darby PA 18418  
Street and No. City State Zip

4. EMPLOYER United Brotherhood of Carpenters

5. EMPLOYER'S ADDRESS see business address  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name United Brotherhood of Carpenters

Address 101 Constitution Ave NW Washington DC 20001

Business or purpose Labor Union

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



\_\_\_\_\_  
Signature of Lobbyist

